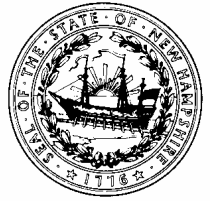




STATE OF NEW HAMPSHIRE  
WATER WELL BOARD  
29 Hazen Drive  
PO Box 95  
Concord, New Hampshire 03302-0095  
603-271-2410



APPLICATION FOR WATER WELL CONTRACTOR LICENSE

INSTRUCTIONS: Type or print in ink. Answer all questions. Incomplete applications will be returned.

1. APPLICANT INFORMATION

A. Name of Qualified Applicant \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Address \_\_\_\_\_  
NO. & STREET PO BOX

City/State/Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

B. Registered Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
NO. & STREET PO BOX

Physical Address \_\_\_\_\_ E-mail \_\_\_\_\_  
NO. & STREET

City/State/Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

If a partnership, attach names and addresses of partners. If a privately held corporation, attach names and addresses of all officers, directors and stockholders.

If a corporation, incorporated under the laws of what state? \_\_\_\_\_

2. TYPE OF LICENSE

I qualify for the following type(s) of well construction: ( ) Drilled Wells (rotary or cable tool rig)  
( ) Wash Wells or Well Points  
( ) Dug Wells  
( ) Monitoring Wells

I use the following type(s) of equipment: ( ) Rotary Drill - ( ) Cable Tool - ( ) Wash Well Machine  
( ) Backhoe - ( ) Other \_\_\_\_\_

Application Fee: ----- \$25.00

Exam Fee: ----- \$10.00 - for each license category

License Fees:(select one) ----- \$225.00 - Monitor Well

(Pay only the highest applicable fee) \$225.00 - Rotary Drill

\$150.00 - Cable Tool, Point Well, or Wash Well

\$100.00 - Dug Well

Total Fee (enclosed): -----

**3. LICENSES HELD IN OTHER STATES:** List other states where you hold or held licensure.

State	License No.	Active or Lapsed

**4. WORK EXPERIENCE:** As per We 302.04, I have gained my three years experience in the trade as follows. The information described below must be in detail, and should start with your last employer. Attach additional sheets if necessary.

EMPLOYER:Phone:

Address:

Supervisor Name:

Dates Employed (Give month/year) From:To:Hours per week:

Position & tasks performed: (In Detail)

EMPLOYER:Phone:

Address:

Supervisor Name:

Dates Employed (Give month/year) From:To:Hours per week:

Position & tasks performed: (In Detail)

EMPLOYER:Phone:

Address:

Supervisor Name:

Dates Employed (Give month/year) From:To:Hours per week:

Position & tasks performed: (In Detail)

**5. REFERENCES.** Applicant must provide the name and address of no less than three citizens, unrelated to the applicant, of whom at least two shall be individuals from the water well industry having personal knowledge of the applicant's experience and one shall be a former employer licensed to construct wells in New Hampshire or other state. The applicant shall provide each person listed below with a reference form (attachment A), and cover letter (attachment B), provided with the application. In addition, a stamped envelope with the Board's address affixed should also be provided to your references. **Reference forms must come directly from the reference, and will not be accepted if submitted by the applicant.**

Name	Mailing Address	Occupation/License	Business Relationship to Applicant

**6. REGISTRATION OF BUSINESS.** Registration with the Secretary of State to conduct business in New Hampshire is required by law. A copy of your "Certificate of Existence" or "Certificate of Authority" must accompany this application. You may contact the Secretary of State at 603-271-3244 or 603-271-3246.

7. The licensee, by this application, agrees to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules We 100 through We 1000.

**TO BE NOTARIZED:**

**8. AFFIDAVIT,** STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

(Applicant) \_\_\_\_\_ being duly sworn says that he/she is the person who is referred to in this application; that the statements herein contained are true in every respect and that the applicant has complied with and will continue to comply with all requirements of RSA 482-B.

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_ (Signature of Applicant)

(Seal) \_\_\_\_\_

(Person Administering Oath)

Falsification of any information requested shall be grounds for revocation of license.



## TO BE COMPLETED BY REFERENCE AND SUBMITTED DIRECTLY TO THE BOARD

Re: Application of \_\_\_\_\_

Indicate license type: ☐ Water Well Contractor ☐ Pump Installer ☐ Both

1. What is your full name \_\_\_\_\_ Tel. # \_\_\_\_\_  
(to be typewritten or printed)
2. What is your address \_\_\_\_\_  
(street and number) (city or town)
3. What is your present business or profession? \_\_\_\_\_
4. Are you a licensed water well contractor? \_\_\_\_\_ Pump Installer? \_\_\_\_\_  
In what state? \_\_\_\_\_ License # \_\_\_\_\_  
If not, do you qualify for a water well contractor or pump installer license in accordance with RSA 482-B?  
☐ Water Well Contractor  
☐ Pump Installer  
☐ Both
5. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
6. Are you in any way related to the applicant? \_\_\_\_\_
7. What has been your business connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?  
\_\_\_\_\_
9. Please give in brief your estimate of the applicant as a water well contractor or pump installer \_\_\_\_\_  
\_\_\_\_\_
10. Would you employ the applicant in a position of trust? \_\_\_\_\_
11. If the applicant is connected with a firm, partnership, or corporation, please give its name and address  
\_\_\_\_\_ Position he/she fills \_\_\_\_\_
12. Is the applicant qualified to be placed in responsible charge or supervision of work \_\_\_\_\_
13. Do you recommend the applicant for licensure as a water well contractor? \_\_\_\_\_ Pump installer? \_\_\_\_\_
14. In my opinion, the applicant has \_\_\_\_\_ years of experience constructing wells.  
In my opinion, the applicant has \_\_\_\_\_ years of experience installing pumps.
15. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a water well contractor or pump installer.

Written Signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

FOR USE BY WATER WELL BOARD ONLY

**Attachment B  
For Office Use Only**

THE STATE OF NEW HAMPSHIRE  
WATER WELL BOARD  
29 HAZEN DRIVE  
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

\_\_\_\_\_ of \_\_\_\_\_

has applied to this Board for licensure in the State of New Hampshire as a water well contractor or pump installer and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reference form, and assures you that the information you provide will be treated in the strictest confidence as the Board can reasonably assure. As with all public documents, the application and associated references are subject to the provisions of the freedom of information act.

Pursuant to RSA 482-B and the rules adopted by the Water Well Board, an applicant for licensure as a water well contractor or pump installer is required to have been engaged in their trade for a period of three years prior to the date of their application. The required three years experience shall be directly related to the type of license to be issued. In order to expedite the application, it is vital that you indicate on the reference form whether you are a licensed water well contractor or pump installer or a person engaged in the trade of water well construction or pump installation.

The Board is required to obtain proof of the applicant's qualifications as a water well contractor or pump installer before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have the responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for licensure.

Respectfully yours,

Harrison "Chip" Mackey  
Licensing Coordinator